

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST / HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS2)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

Instructions: Type or print clearly. Before completing this form, read the PA/HIAS2 Completion Instructions (HCF 11021A).

SECTION I — PROVIDER INFORMATION

1. Name — Provider	2. Wisconsin Medicaid Provider Number
3. Address — Provider (Street, City, State, Zip Code)	4. Telephone Number — Provider

SECTION II — RECIPIENT INFORMATION

5. Name — Recipient (Last, First, Middle Initial)	6. Date of Birth — Recipient	7. Telephone Number — Recipient
8. Recipient Medicaid Identification Number	9. Sex — Recipient <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Has the Recipient Ever Used a Hearing Instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Describe Prior Hearing Instrument Use	12. Testing Date	13. Test Reliability (check one) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

SECTION III — DOCUMENTATION

<p>14.</p> <div style="text-align: center; margin-top: 20px;">Legend</div> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <tr> <th colspan="2"></th> <th colspan="2">Air</th> <th colspan="2">Bone</th> <th></th> </tr> <tr> <th>Ear</th> <th>Color</th> <th>Un masked</th> <th>Masked</th> <th>Un masked</th> <th>Masked</th> <th>NA</th> </tr> <tr> <td>Right</td> <td>Red</td> <td>o - o</td> <td>Δ - Δ</td> <td><</td> <td>[</td> <td>↙</td> </tr> <tr> <td>Left</td> <td>Blue</td> <td>x - x</td> <td>€ €</td> <td>></td> <td>]</td> <td>↘</td> </tr> </table> <div style="margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Aid</td> </tr> <tr> <td><input type="checkbox"/> Own Aid</td> </tr> <tr> <td><input type="checkbox"/> Test Aid</td> </tr> </table> </div> <table border="1" style="margin-top: 10px; border-collapse: collapse;"> <tr> <th style="text-align: left;">SPEECH AUDIOMETRY</th> <th>R</th> <th>L</th> <th>SF</th> </tr> <tr><td>Threshold (SRT)</td><td></td><td></td><td></td></tr> <tr><td>Word recognition in quiet</td><td></td><td></td><td></td></tr> <tr><td>Word recognition in noise</td><td></td><td></td><td></td></tr> <tr><td>Uncomfortable level (dB-HL)</td><td></td><td></td><td></td></tr> <tr><td>Most comfortable level (dB-HL)</td><td></td><td></td><td></td></tr> </table>			Air		Bone			Ear	Color	Un masked	Masked	Un masked	Masked	NA	Right	Red	o - o	Δ - Δ	<	[↙	Left	Blue	x - x	€ €	>]	↘	Aid	<input type="checkbox"/> Own Aid	<input type="checkbox"/> Test Aid	SPEECH AUDIOMETRY	R	L	SF	Threshold (SRT)				Word recognition in quiet				Word recognition in noise				Uncomfortable level (dB-HL)				Most comfortable level (dB-HL)				<p>15. Pure Tone Audiogram — Frequency in Hertz (Hz)</p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">500</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">2000</td> <td style="text-align: center;">4000</td> <td style="text-align: center;">8000</td> </tr> <tr> <td></td> <td style="text-align: center;">125</td> <td style="text-align: center;">250</td> <td style="text-align: center;">750</td> <td style="text-align: center;">1500</td> <td style="text-align: center;">3000</td> <td style="text-align: center;">6000</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="13" style="width: 5%; text-align: center; vertical-align: middle;">Hearing Level in Decibels (dB) ANSI (1996)</td> <td style="width: 5%;">-10</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>40</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>60</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>70</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>80</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>90</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>100</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>110</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		500	1000	2000	4000	8000		125	250	750	1500	3000	6000	Hearing Level in Decibels (dB) ANSI (1996)	-10																			0																			10																			20																			30																			40																			50																			60																			70																			80																			90																			100																			110																		
		Air		Bone																																																																																																																																																																																																																																																																																																																									
Ear	Color	Un masked	Masked	Un masked	Masked	NA																																																																																																																																																																																																																																																																																																																							
Right	Red	o - o	Δ - Δ	<	[↙																																																																																																																																																																																																																																																																																																																							
Left	Blue	x - x	€ €	>]	↘																																																																																																																																																																																																																																																																																																																							
Aid																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/> Own Aid																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/> Test Aid																																																																																																																																																																																																																																																																																																																													
SPEECH AUDIOMETRY	R	L	SF																																																																																																																																																																																																																																																																																																																										
Threshold (SRT)																																																																																																																																																																																																																																																																																																																													
Word recognition in quiet																																																																																																																																																																																																																																																																																																																													
Word recognition in noise																																																																																																																																																																																																																																																																																																																													
Uncomfortable level (dB-HL)																																																																																																																																																																																																																																																																																																																													
Most comfortable level (dB-HL)																																																																																																																																																																																																																																																																																																																													
	500	1000	2000	4000	8000																																																																																																																																																																																																																																																																																																																								
	125	250	750	1500	3000	6000																																																																																																																																																																																																																																																																																																																							
Hearing Level in Decibels (dB) ANSI (1996)	-10																																																																																																																																																																																																																																																																																																																												
	0																																																																																																																																																																																																																																																																																																																												
	10																																																																																																																																																																																																																																																																																																																												
	20																																																																																																																																																																																																																																																																																																																												
	30																																																																																																																																																																																																																																																																																																																												
	40																																																																																																																																																																																																																																																																																																																												
	50																																																																																																																																																																																																																																																																																																																												
	60																																																																																																																																																																																																																																																																																																																												
	70																																																																																																																																																																																																																																																																																																																												
	80																																																																																																																																																																																																																																																																																																																												
	90																																																																																																																																																																																																																																																																																																																												
	100																																																																																																																																																																																																																																																																																																																												
	110																																																																																																																																																																																																																																																																																																																												

16. Describe Any Additional Audiologic Studies Performed and Pertinent Results (use an attachment if necessary)

17. Recommendations for a Hearing Instrument

Ear: (check one) ☐ Left ☐ Right ☐ Both

Style:

Describe Electroacoustic Specifications:

Describe or Attach Pertinent Social Background and Other Relevant Information:

Ear Mold Style:

Ear Mold: ☐ Left ☐ Right ☐ Both

Special Modifications:

18. **SIGNATURE** — Provider

19. Provider Type (check one):

☐ Audiologist

☐ Hearing Instrument Specialist

20. Date Signed